RCE/Byw



REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 5, 2005.

Signature

Application Number:

09/437,580

Confirmation No. 8182

SOFT

Filing Date

November 9, 1999

Inventor(s)

Alexander G. MacInnis, et al.

Title

GRAPHICS DISPLAY SYSTEM WITH WINDOW

HORIZONTAL SCROLLING MECHANISM

Group Art Unit

2674

Examiner Name

Kevin M. Nguyen

Docket No.

36101/SAH/B600

Date: October 5, 2005

MAIL TO: Mail Stop RCE

This is a Request for Continued Examination (RCE) under 37 CFR § 1.114 of the above-identified application.

This application is **not** an application of the kind specified in 37 CFR § 1.114(e).

The strings of the fall bloth of the follows.	1. THE STATUS OF THE APPLICATION IS AS FOLLOW
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a.	X Pending (no review proceedings active)
	(1) X An Action was mailed by the Office on June 14, 2005, as to which no appeal
	under 37 CFR § 1.191 has been filed and
	a response under 37 CFR § 1.116 was mailed on
	via Express Mail
	with certificate of mailing under 37 CFR § 1.8
	X that Action was a Final Rejection, the finality of which is to be
	withdrawn by this Request
	an appeal or civil action under 35 U.S.C. 141,145 or 146 has been
	terminated
	(2) Allowed: the Notice of Allowance was mailed by the Office on
	the Issue Fee has not been paid
	the Issue Fee has been paid and a petition under 37 CFR § 1.313 was
	granted on
1	Pending (with review proceeding active)

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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Application No. 09/437,580

An appeal under 37 CFR § 1.191 has been filed. Applicant(s) hereby withdraw that appeal and request reopening of the prosecution of the application.

2.	SUBMISSI	ON(S) REQUIRED (check at least one)
	a. Previou	sly submitted
		Consider the amendments/reply under 37 CFR § 1.116 previously filed on Consider the arguments in the Appeal or Reply Brief previously filed on
		Other:
	b. Enclose	${f cd}$
	X_	Amendment/Reply
		Affidavit(s)/Declaration(s)
	X	Information Disclosure Statement
		Documents under 37 CFR § 1.48
	X	Petition for Extension of Time w/\$120 Extension of Time Fee
	<u>X</u>	Other: Form PTO/SB/08A/B

• The Examiner is requested to telephone the undersigned promptly following receipt and initial review of the application in light of the Submissions(s) for the conduct of, or the scheduling of, a telephone interview in the application.

Please direct all correspondence to CUSTOMER NUMBER 23363. Direct telephone calls to 626/795-9900, CHRISTIE, PARKER & HALE, LLP, P.O. Box 7068, Pasadena, CA 91109-7068.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

Ву

Peter C. Hsueh Reg. No. 45,574 626/795-9900

PCH/dlf

REQUEST FOR CONTINUED EXAMINATION (RCE) FEE CALCULATION SHEET

Application No. 09/437,580

PART I — BASIC FEE		%	
	Small Entity	Large Entity	
BASIC FEE	\$395.00	\$790.00	\$790

PART II — ADDITIONAL CLAIMS (compared to application before RCE)									
	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE			
Total Claims	20	21	0	- x \$25.00	0 x \$50.00	0			
Independent Claims	5	1	0	- x \$100.00	0 x \$200.00	200			
First Presentation of Multiple Dependent Claim \$180.00 \$360.00					0				
TOTAL CLAIMS FEE					\$200				

List Independent Claims: 51, 55, 59, 63, 67

- 1. FEES (The RCE fee under 37 CFR § 1.17(e) is required by 37 CFR § 1.114 when the RCE is filed.)
 - a. Amount (total from Fee Calculation Sheet)
 A check for \$790.00 and \$200.00 is enclosed.
 - b. X The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required for this transaction to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. A duplicate copy hereof is enclosed.

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^{*} IF THE "HIGHEST NUMBER OF TOTAL CLAIMS PREVIOUSLY PAID FOR" IS LESS THAN 20, WRITE "20" IN THIS SPACE.

^{**} IF THE HIGHEST NUMBER PREVIOUSLY PAID OR IS 3 OR LESS, WRITE "3" IN THIS SPACE.